

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/019294** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.	DEP.
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TOTAL IND.	1										
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TOTAL CLAIMS	1										
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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS